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THE REHABILITATION OF FIFTY CASES AT THE COMMUNITY WORKSHOPS

A Thesis

Submitted by

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PREFACE

At the outset of this study the author wishes to acknowledge the use of the records of the Community Workshops. The writer wishes to thank Miss Hazel Newton, manager of the agency, and her staff for their cooperation, suggestions, and encouragement.

INTRODUCTION

The subject of rehabilitation is a vast one, and the individual who would attempt to deal with it as a whole would find himself defeated before even beginning. It is vast in that the term rehabilitation is an all inclusive one dealing with a variety of programs and activities and diversified groups of individuals who have different types of handicaps.

This study in rehabilitation must, therefore, be a limited one. It is limited to one agency, the Community Workshops, and its program of rehabilitating handicapped people. This study first gives a brief sketch of this agency and the methods it uses in rehabilitating handicapped people. The study then presents fifty cases, picked at random, that were known to the Community Workshops for a period of time. All these individuals sought either occupational therapy, work, or training that would enable them to become more adequate, self-sufficient members of their communities.

The first topic under discussion concerns the types of handicaps which prevented these individuals from functioning as normal people and from more adequately participating in community life. The study then proceeds to outline personal, family, and educational backgrounds of those applying for assistance. A brief sketch of their work histories prior to seeking assistance is also given.

This thesis then continues with these cases during the rehabilitation experience at the Community workrooms. The type of work given, progress of the individual, his adjustment to the group, length of training experience are then discussed. The thesis then deals with the problem of placement -- how many were placed in industry; remuneration, degree of selfsupport. If the individual was unable to use his rehabilitation experience constructively reasons for this are given.

Finally, this study is limited in time. The first twenty-five cases described completed their training during the first six months' period of 1941 and were placed in industry during that time. This was done to show the degree of success these individuals had in getting work in a relatively normal period. The second sent of twenty-five cases involved completed their training during the first six months' period of 1942. This part of the study shows how much more easily work was to be gotten during the defense boom, and how quickly these individuals were assimilated into industry in spite of handicaps which had prevented them from securing jobs in a more normal period.

The last part of this study is devoted to various conclusions drawn from this survey along with a few recommendations.

CHAPTER I

THE COMMUNITY WORKROOMS ** BACKGROUND AND PRESENT FUNCTIONS

The Community Workrooms came into being in 1876. From the very first the aim of its volunteer visitors was not to give mere relief but to give constructive assistance to needy individuals in the form of work. In 1877 the following charter purpose was set forth in the first report: "The purpose for which the corporation is constituted, is the amelioration both moral and physical of the poor, by personal visiting, by teaching them habits of temperance and cleanliness, by giving sewing to poor women from a workroom and by finding employment for men."[1] From the earliest part of its existence, therefore, it can be seen that this agency concerned itself with providing work for those who evidenced certain difficulties. This type of assistance was continued through the intervening years but in a more organized fashion as time progressed. In 1876 one dollar weekly was given to an average of forty-five women. The extent of expansion can be seen when it is found that in 1936, when this agency observed its sixtieth anniversary, $28,021 was paid to over two hundred persons while advice and direction were given to almost as many more.

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1. Annual Report, Co-operative Workrooms
   Sixtieth Anniversary - 1937

The work of the agency was essentially the same more than forty years later. In 1914, however, the Hon. George Duncan, Earl of Camperdown, provided the Workrooms with new machinery which not only made for additional work but also gave opportunity for training. The Workrooms then took on the form of a small factory, and the products that were manufactured here were sold in the market at market prices.

By 1937 the purpose of the agency was fairly extensive: "To open up industrial opportunities for physically, mentally, or socially handicapped persons; train these people on factory machines and otherwise fit them to earn in competitive industry; by means of individual attention at the Workrooms assist them to overcome or become adjusted to their handicaps; provide work for women whose industrial field is limited by home cares."[1]

In 1940 the Co'operative Workrooms were combined with the Christopher Shop, an agency for sheltered workers, and the two, under the same management, became known as the Community Workshops. At present there is an annual average intake of six hundred. Of this number almost 275 were employed in the shops or at home. About eighty people are trained annually on nineteen power stitching machines. The remaining large number of individuals is given service in the form of advice, direction, or referral to other agencies. The staff, who are in daily contact with their clients, consists of the

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1 Annual Report of the Co'operative Workrooms Sixtieth Anniversary - 1937

general manager, case worker, occupational therapist, training instructor and her assistants, business office that sells the goods produced, and secretarial help.

CHAPTER II

GENERAL ATTITUDE TOWARD THE HANDICAPPED

From the beginning of time man has been subject to the disabling effects of accident, mental and physical disease.[1] The normal state of being was and is to be physically fit. In the ancient days of Greece Spartans took their physically disabled offspring to some lonely mountain or secluded forest and left them there to care for themselves or die. All know only too well the picture of the blind man standing beside the road begging. The cripple was looked upon as a freak of nature, as though bewitched and to be kept away from. In the Middle Ages the attitude was little unchanged. The Church began to spread the idea of charity thus providing the physically handicapped individual with a certain amount of subsistence.

The Elizabethan Poor Law of 1601 was another step in the direction of humanitarian treatment of the handicapped individual. Although this Poor Law set up almshouses and provided outdoor relief for paupers and those who had been set adrift by the breaking up of the feudal system, the physically handicapped and mentally incapacitated individuals often found their ways into those institutions.

The French Revolution came with a new spirit of humanitarianism. Pinel, in France, unchained the mentally ill in

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1 Vocational Rehabilitation of the Physically Handicapped Educational Bulletin. Bulletin 190, p. 1

the Bicetre and began to treat them like human beings. The physically disabled were no longer looked upon as freaks of nature and became a little more acceptable although they were still considered "unfortunates".

The science of the nineteenth century was the beginning of a new era. It was a new era in that men began to ask: "What is the cause of the disease and what can be done to cure it?" Although there was this progress in science, the social attitude remained essentially the same. The almshouses that provided shelters for paupers, vagrants, criminals, insane and diseased also permitted the handicapped individual to enter. A few philanthropic, far-sighted men in Boston, such as Horace Mann and Samuel Gridley Howe, began to educate the deaf and blind. Their ardent efforts began to dislodge the prevalent attitude that these two groups of handicapped individuals were hopeless and should be given nothing but sympathy and charitable sustenance. These two men, and others like them, by their work showed that handicapped people were worthy of the same consideration given normal human beings who were physically fit. They proved that the silence of the deaf could be broken and the darkness of the blind could be penetrated. What is more, these people living in silence and darkness responded to what was being offered them in the way of interest, understanding and kindness. These men proved to an unbelieving public that the people whom they were working with and educating could become useful citizens if given the opportunity.

The lot of the physically handicapped individual is a far different one today. Gone is a large part of the pity that once prevailed. Gone is the attitude of hopelessness that nothing can be done for the handicapped individual. No longer is he a marked man simply because he uses a crutch or has been unable to adjust to his family group. Something can be done and is being done. The money that was once given the handicapped individual for sustenance has been converted into tools which are making it possible for this same individual to help himself. He need no longer be a parasite.

This idea of self-help was first born in the minds of such men as Samuel Gridley Howe and Horace Mann and was later taken up by private agencies, among them the Cooperative Workrooms. The trail blazed by the private agencies was then followed by the federal government when rehabilitation was set up on a nationwide basis. One of the important reasons for the widespread development of a constructive rehabilitation program was the alarming growth of the problem. This was due, in part, to the great expansion in methods of manufacturing by machinery and the speeding up of transportation with constant disabling accidents.[1] Nor was this problem in any way solved by the ensuing safety movement. In 1911, therefore, a series of state acts were passed compensating the disabled worker for injuries sustained while at his job.[2] This was soon

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1 Vocational Rehabilitation of The Physically Handicapped Vocational Bulletin Bulletin 190, p. 14
2 Ibid. p.5

shown not to be enough. Workers remained disabled and helpless in spite of their money benefits. In spite of them the worker was unable to fit himself for employment again because his disability prevented it. Nor were these individuals who were unable to pursue their customary forms of employment in a position to adjust themselves to new vocations. The states were not equipped to offer any form of rehabilitation. This type of service carried on by a few small, scattered private agencies were unable to perform the task on a wholesale scale. It was clearly seen that money benefits alone were not enough and that the interest of the community would be advanced if a more constructive program of assistance were put into operation. In 1920, therefore, in response to public demand, Congress passed an act providing for the rehabilitation of individuals injured or disabled in industry.[1] This act provided for the "vocational rehabilitation of all persons who are vocationally handicapped by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, and who are, or may be expected to be, totally or partially incapacitated for remunerative occupation".[2] So was begun the rehabilitation program which pioneering private agencies had been carrying on for more than half a centry before. On August 14, 1935, when the Social Security Act became effective, the authorization of appropriations for this work were increased and the national

1. Vocational Rehabilitation of the Physically Handicapped. Vocational Bulletin, Bulletin 190, p. 5
2. Ibid. p. 5

government established itself permanently in the work of vocational rehabilitation.

Definitions. The dictionary defines rehabilitation as "restoration to a former state, capacity, rank, privilege." This indicates that there are numerous forms of rehabilitation. The physically disabled, the mentally ill, and the individual with a maladjusted personality or unacceptable pattern of behavior may, through education and training, regain his former more normal status.

Although there are numerous definitions of rehabilitation and vocational rehabilitation, none of which are alike in wording, the aim expressed in all of them is essentially the same. John Kratz, in the Social Work Year Book of 1943 offers his definition of rehabilitation as being "the restoration of a disabled person to maximum economic and social usefulness".[1] He states further that the "guiding principle in rehabilitation service is to fit disabled persons for occupations at which they can compete with normal people and earn the same wages."[2] Whether applied to the individual who is physically incapacitated or the one who has a warped personality and cannot function in his immediate environment, the aim of vocational rehabilitation is to restore such an individual state of self-sufficiency so that he may take his place

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1. John Kratz: Social Work Year Book, 1943
2. Ibid
3. Vocational Rehabilitation of the Physically Handicapped Vocational Bulletin, Bulletin 190, p. 5

socially and economically along with other members of his community.

Vocational rehabilitation applies to a specific group of people--the handicapped--physically, socially, and mentally. The Vocational Rehabilitation Act of 1920 describes the handicapped as "any person, who, by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, is, or may be expected to be, totally or partially incapacitated for remunerative occupation; the term shall be construed to mean the rendering of a person disabled fit to engage in a remunerative occupation."

Another definition of "handicapped" is offered by Col. John N. Smith, Jr., director of the Institute for the Crippled and Disabled, New York. He states that, "A socially handicapped person is understood to be an individual of normal physical and mental capacity who is out of alignment with society in his community and who, therefore, is unable, either temporarily or permanently to share on an equal basis in the community's normal activities.[1]

In short, the "handicapped" individual is limited in one way or another. He does not function well socially. Somehow, he has a painful sense of being different and inferior. He wants to be understood, accepted, self-supporting and self-sufficient.

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1 Col. John J. Smith, Jr.,
Current Legislation Affecting Sheltered Workshops, p.9

CHAPTER III

REFERRALS--ORIGINAL PROBLEMS--SERVICES REQUESTED

The Community Workshops offer vocational rehabilitation to all those in need of this particular service, and is limited only by the number that can be accommodated. For this training come a variety of individuals with varying difficulties referred by other agencies, interested individuals, or applying for assistance personally. These individuals have been made unfit for employment by accidents, disease or because of a warped personality. All of them have undergone or are undergoing some trying experience. Because they are not accepted or because they find it difficult to fit into the immediate environment, they, somehow, feel different. The dependency which so many must experience is extremely distasteful to them. All those who had held positions preceding illness or accident have lost their former earning capacity and have been forced to become dependent on their immediate families or relatives, or have become recipients of public relief. They have been wondering and continue to wonder if they will ever regain at least a portion of their former earning capacity. Some have begun to feel that all is lost; others think that they are hopeless but will welcome an opportunity to have confidence restored in them.

The fifty cases under discussion in this study present a variety of problems. All have undergone experiences

which have been difficult to face and which require readjustment of the personality or readjustment ot a new situation. Many of the fifty cases presented had undergone surgery before their application for training at the Community Workshops. Some recovered with minimum damage to the personality, while others regressed during illness. Numerous members of the latter group have tended to become dependent and child-like and to wish and demand the care and treatment accorded a child.[1] In these cases one begins to wonder if the maladjustment is not the result of unmet childhood needs, deprivations, and frustrations.[2] There has been fear of mutilation, disfigurement, loss of a limb or organ, and even death. All of them had been forced to face some limitation. Sickness had, in one way or another, isolated these people and set them apart from their fellow men.[3] The gap was even wider in cases of outward deformity or disfigurement. Included in the group of fifty cases in the personality which has regressed to such an extent during illness that the individual has become neurotic. Then there is the father of a family, who, because of his disability, has lost his earning capacity. His family has become dependent, and he feels his prestige as head of his household slipping. With it has already begun to slip his self-esteem. Although he has applied for vocational training at the Community Workshops, in reality he is hoping for more.

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1. W.S. White. The Meaning of Disease, Baltimore. P. 149
2. Ibid
3. H.W. Bartlett. Some Aspects of Social Casework in a Medical Setting. P. 135

True, he wants the earning capacity which the training will bring but he also wants the restoration of his self-respect, and what is more, he wishes to regain his position as head of his household.

The group of fifty cases contains not only individuals with physical disabilities but those who are socially handicapped because their community refuses to forget that they have a court record or have committed some misdemeanor which has put them out of line with those in their immediate environment. There is, too, the man who is unable to get work or hold a job for any length of time because he lacks selfconfidence and is inefficient. Partly because of this and partly for reasons unknown to us, he has become a habitual drinker. He comes to the Community Workshops for help and the agency is prepared to do whatever it can to help this man rehabilitate himself socially. Young people have been referred by other agencies to prevent their clients, by learning to work under supervision, from becoming delinquent.

The young fellow who is limited in intelligence and who has found it difficult to learn to work or find a job because his is low in thinking, has come to the Community Workshops where he will be given understanding and an individual attention in acquiring good work habits which will aid him in better fitting into the life of his community.

The fifty cases include such individuals who have been treated in the psychiatric clinics of various hospitals. They

are men and women who have been emotionally upset and as a result have been unable to adjust to members of their families or to the community at large. They are sick individuals but with supervision and encouragement are able to function in the community.

Then there are the so-called "shut-ins". Their disabilities have either extended over a long period of time or they have been more seriously handicapped. They have spent much time in their own homes or in hospitals. Their families have considered them more or less hopeless because they have been unable to contribute financially to the household income. They have been sheltered and the road for permanent invalidism has been paved for them. But most of them refuse to become permanent invalids. They are referred not only for training in one form or another but so that they will have contact with the outside world. For them there is first the fear of leaving home for any length oftime and all the problems involved in transportation. There is also the dread of having the public notice their disfigurement or the absence of a limb. Gradually these fears are overcome and, where the individual has come to the sheltered shop only once a week, he now looks forward to his work as daily. The companionship of the group in the sheltered shop, the feeling of accomplishment in his work, and the "pay" which is his at the end of the week give him self-confidence he had never before had and help to make him feel worthwhile.

Referrals. The fifty cases under discussion came to the Community Workshops in various ways. They were referred by hospitals, public and private agencies, and by interested individuals. In a few instances clients made their own applications after they had learned about the agency from other individuals or had read something about it in the newspaper. The clients referred by hospitals had undergone operations or had been treated in outpatient clinics over an extended period of time. When the doctors had considered them well enough to resume some sort of activity, the clients were referred to the Workshops by the hospital social service department. The public and private agencies had referred their clients after having assisted them financially or helped them with some family or emotional problem.

The fifty cases referred included thirty-nine women and eleven men. Of the total number referred twelve were married, although not all mates were living at the time of referral. Thirty-eight of the clients were unmarried. The following table shows the referring agencies or individuals and the number referred by each one.

TABLE I.

SOURCE OF REFERRAL

Agency	No. Referred
Hospitals	16
Division of Rehabilitation	8
Women's Educational and Industrial Union	5
Overseers of the Public Welfare	3
Family Welfare Society	8
Division for the Blind	1
Child Placing Agency	1
Private Individuals	8
Total	50

Original Problems. Each of the fifty cases presented in this study came to the Community Workshops with a definite problem or handicap. These handicaps and problems were newly acquired or had extended over a long period of time. The degree to which the individual was handicapped by his particular problem varied in each case. There is the young man with progressive muscular atrophy who cannot walk up a flight of stairs. On the other hand, there is the eighteen year old girl who is physically able in every respect but is finding it difficult to adjust in her community because of a misdemeanor she has committed. There is also a wide range in mental capacity. There is the young man who was graduated from a well known college and was fairly successful in the business world until he became epileptic. On the other hand we find a seventeen year old boy whose I. Q. is barely sixty. He finds it difficult to function in the community without close supervision and understanding. He has very little formal education and does

not know just what he can do or where he can fit in and lead a useful life. The client who had had a cerebral hemorrhage which left him with a paralysed left side had been graduated from college and, until his illness, had been an insurance man and selfsupporting. Then there is the woman who had worked twenty years for one firm until the fingers of one hand had been crushed so that she was unable to continue at her original employment. The problems with which these people come to the agency vary as do the degrees to which they are handicapped.

The handicaps of the fifty cases are divided into four categories: the physically disabled, those with mental or emotional problems, the individuals disabled because of accidents, and the socially handicapped who cannot fit into community life because of some misdemeanor committed. The following table shows twenty-seven cases handicapped by disease or illness.

TABLE II.

HANDICAPPED THROUGH DISEASE OR ILLNESS

Handicap	Number
Cardiac Conditions	6
Cardiac Condition, Obesity	1
Cardiac Condition, Neurotic	1
Arthritis	2
Infantile Paralysis	1
Blindness	1
Obesity	1
Spastic Paralysis	1
Cerebral Hemorrhage, left side paralysis	1
Gastric Ulcers	1
Vericose Veins	1
Dorsal Scoliosis	1
Muscular Atrophy	1
Scoliosis, amputated right leg	2
Polyneuritis	1
Deaf Mutes	3
Congenital Deafness, Speech Defect	1
Tubercular Leg	1
Total	27

The above table shows that those having cardiac conditions form the largest number of those handicapped. The term "cardiac conditions" includes those with various stages of heart disease and those who have recovered from rheumatic fever and have been left with slight or considerable heart damage. There are two cases with cardiac conditions who have the additional handicaps of being obese and neurotic. What may seem more or less surprising is that there is only one case handicapped by infantile paralysis. The deaf mutes have been separated from the case of congenital deafness with speech defect because the latter, with the use of a hearing aid, is able to hear and communicate with others whereas the former three have no form of speech at all. Finally, the table points out eighteen different types of disabilities among twenty-seven individuals.

The second group is a classification of twelve cases who came to the Community Workshops with some emotional disturbance or personality defect or other handicap which originated in the emotional life of the individual. The following table shows the diversity of these handicaps.

TABLE III

EMOTIONAL AND PERSONALITY DEFECTS	
HANDICAP	NUMBER
Epilepsy	3
Epilepsy With Psychosis	1
Epilepsy, Petit Mal; Nervous Breakdown	1
Involutional Melancholia, Agitated Depression	1
Psychoneurosis	2
Speech Defect, Lack of Co-ordination	1
Anxiety Neurosis	1
Mental Depression	1
Psychotic Episode	1
Total	12

The twelve cases shown in the table above have nine different difficulties. Five have epilepsy ranging from grand mal to petit mal. One of the five, in addition to epilepsy, has had a nervous breakdown while the second is epileptic with some psychosis. Two are psychoneurotic. One has involutional melancholia with an agitated depression. Another is mentally depressed. Still another has an anxiety neurosis. One client has had a psychotic episode. The client with the speech defect and lack of co-ordination has been placed in this particular group because no physical basis has been found for his handicap. These twelve individuals are without physical disabilities but are either disturbed emotionally or have some personality defect. They found it difficult to fit in with their family group, and in their community were looked upon as being different. They have

come to the Community Workshops for help in learning to adjust to a normal environment.

A third classification of the fifty cases is concerned with those who are socially maladjusted. That is, for some reason beyond their control have become or are in danger of becoming problems. These clients come from families in low income groups where little or no supervision is given the individual and, as a result, he is in danger of becoming delinquent. One has already become delinquent in that she has a court record. Still another lacks self-confidence and has become an habitual alcoholic. A seventeen year old boy with a low I.Q. finds himself in need of more supervision than the community has time to give him.

TABLE IV.

THE SOCIALLY HANDICAPPED

Handicap	Number
Drunkenness and Lack of Self-Confidence	1
Poor Financial Situation of Family	1
Lack of Good Influence in Home	1
Broken Home and Poor Financial Situation	2
Client Becoming Delinquent	1
Court Record	1
Need of Close Supervision Because of Low I.Q.	1
Total	8

The basic difficulty in these eight cases is poor home life and bad financial situation. In some of the families there is much friction between the parents. As a result, the

client seeks refuge on the streets where he comes in contact with undesirable companions and so is in danger of becoming delinquent. In the broken homes the parent caring for the family provides little supervision either because of lack of time or indifference. For these reasons these individuals are handicapped in that they find it difficult to live up to the standards set by the community.

Only three of the fifty cases studied in this thesis became handicapped because of industrial accidents. One suffered a foot injury. Another, working in a laundry, suffered a mangled left hand. The third had the fingers of the fingers of the left hand mangled while at work. All three were handicapped to the degree that they were unable to continue their original form of employment, and after the injuries had been sustained, found that if they were to continue to work, would have to be rehabilitated vocationally. The following short table shows the type of disability.

TABLE V.

HANDICAPPED THROUGH ACCIDENTS

Handicap	Number
Foot injury	1
Mangled Left Hand	1
Crushed Fingers of One Hand	1
Total	3

The above named disabilities had not been life-long handicaps but had occurred within a reasonably short time before the clients had applied to the Community Workshops for vocational rehabilitation and assistance in securing work.

Services Requested. The fifty cases described up to this point were found to be handicapped in one way or another. Many were handicapped because of disease. Others were undergoing some emotional strain or had personality defects. A third group was finding it difficult to adjust socially, while the last classification had been disabled through some accident. All were found to be handicapped, and all were finding it difficult to adjust into the pattern of family or community life. Because they were considered different, and because no confidence was placed in them they were prevented from competing in regular industry. All of them, therefore, applied at the Community Workshops for some form of rehabilitation. Many of those disabled by disease sought help in the form of vocational rehabilitation. Others in this group sought work as a therapeutic measure. The doctors had recommended this as another step in regaining normal health. Still others came to learn to use a newly restored limb.

Those with emotional problems and personality defects applied for similar services. Some requested vocational rehabilitation in the form of learning a trade. Others, in their applications, were carrying out doctors' recommendations for therapeutic work. There were those who were unable to re-

turn to their former positions and wished to learn a new trade and have help in restoring work habits. Some wished sheltered work until they regained enought self-confidence so that they could mingle in other groups. Applying at the Community Workshops for others meant an industrial diagnosis to see if the client could do the type of work offered by the agency.

Those who were finding it difficult to adjust socially were referred to the agency for preventive help in the form of work. That is, one or both parents were either away from the home or were too involved in other matters to direct or supervise their adolescents. The latter were free to roam at will, which they readily did. They truanted from school, associated with undesirable companions, kept late hours, and occasionally held odd jobs when in particular need of money. Some were known to the police who watched them with much misgiving. Others were even brought to court for misbehaving. These young people were unsettled, restless, eager for something new, and completely without direction. In short, if not already delinquent, they were fast becoming so. They were in need of help in the form of preventive care. Interested individuals and social agencies in the localities where these young people lived, referred them to the Community Workshops to learn a trade, form good work habits, and to get direction and supervision so that these adolescents might learn to become useful and be able to take their places in the community.

The three individuals who had been disabled because of

accidents found themselves unable to continue in their former jobs and did not know just where they could fit in. They were disappointed and disillusioned because they seemed to have been cut short in their prime. Although they had previously been independent and self-supporting, they were now compelled to ask for help. Having lost the use of a hand they were now compelled to learn to get along without it. It meant that these individuals, in order to get employment and re-establish themselves in their families and communities, had to learn new trades. One woman had worked for the same company for twenty years. She not only supported herself but her mother as well. When her fingers of one hand were accidentally crushed, she found herself unable to return to her former employment. She found, tood, that her fingers would never be as useful as they had formerly been. She knew, too, that she must find work although she was at a loss as to what this would be. Furthermore, she realized that she was no longer as employable as she had formerly been. Hence, she was referred to the Community Workshops where she was given a two weeks' industrial diagnosis which showed that, in spite of the disabled hand, she was capable of learning to operate the power machine. She spend several months in training and, although she was somewhat slow, she was placed in regular employment and is now earning again. Although her wages are not as large as they had formerly been, she has the satisfaction of holding a job and supporting herself and mother.

This woman has regained much of her old self-confidence and no longer feels that she is "different" or has been set apart.

Finally, it is seen that the fifty individuals who were referred to the Community Workshops were in need of some form of education or re-education. They sought this help because of some physical disability, personality defect, or social problem They found themselves unable to adjust themselves to their families and communities. They were looked upon as being "different", and as a result, found themselves unaccepted. More specifically, they sought vocational training or rehabilitation, work as a therapeutic measure, supervision and direction. They wished to become eligible for regular employment. More than this, they hoped to become - acceptable members of a group.

CHAPTER IV

PERSONALITIES --- EDUCATION -- WORK HISTORY

As we have seen, the preceding chapter concerned itself with sources of referral of the fifty cases, the particular types of handicaps, and the services that were requested. In short, the client had just become known to the Community Workshops. After referral, the clients were interviewed during which time more information was gained about them their interest, and what they intended to do. If the cleint seemed interested in what the agency had to offer, and if he was considered reasonably capable of doing the work, he was told, in the interview, that he might have a two weeks' trial. If, at the end of this time, he continued to be interested and showed possibilities of grasping the work, he was considered a trainee. If the client felt that the agency did not offer what he wanted, he was given advice and direction as to where he might be able to find that which he sought.

Personalities. In order to gain a little more insight into the fifty clients discussed in this thesis and to see them at closer range, the following cases are presented in a more detailed description.

> 1. V. S. was an eighteen year old Armenian girl whose home situation was extremely poor and unhappy. She had been graduated with honors from high school where she had taken the commercial course. Shortly after graduation she found work as secretary, a position which she held for three months. Her earnings were

so small that she was hardly able to support herself let alone her elderly parents who were unable to work. An interested individual referred her to the agency for whatever help it was able to offer this girl. She was placed in the office where she did clerical work and was, at the same time, given additional training by the officer manager, She remained at the agency for two years and seven months, her salary being increased from time to time. Her progress was excellent, and she made an excellent adjustment to the group. With the background she had accuired at the agency she took a civil service examination and was soon given a position. At present she is supporting herself and contributing to the help of her parents.

2. C. S., a fifty-nine year old woman was referred by the Family Welfare Society because she was psychoneurotic and in need of some sort of therapy or trade training. It was essential that she have work to do in order to occupy her mind. She originally came from a family that was financially comfortable and had been educated in good secondary schools. She fell in love with and married a man who was considered below her social status and who was inclined to be alcoholic. The marriage was not a happy one because he drank heavily, and she proved to be an inadequate mother. She was an unhappy individual and found it difficult to get along with other people. She had attended a dressmaking school and occasionally found work sewing. She continued her sewing at the agency. At the Agency, as in other situations, this woman found it difficult to adjust to the group, and she finally left to keep house for her son.

3. M. H., had had infantile paralysis and had been referred by the psychiatric clinic of a local hospital. Although it had not been certified, there was good reason to believe that she was the illegitimate chile of the relative with whom she was making her home. As a young child she had been cared for in an institution where she was given little training and education. She questioned her background and was disturbed about it. At the agency she was trained on the power machine which she operated well although she was somewhat slow. After her training period was over, she was without work for a while, but was later placed and is now operating a power machine in a factory.

4. M. D., was referred by the outpatient department of a psychiatric hospital where she had been treated because she had epilepsy with psychosis. She was one of six children, and the family was adequately supported by the father. M., had attended parochial school where she had a good record but had not held any jobs. At the agency she was first put into the sheltered group where she was found to have good possibilities. She was then given an opportunity to train on the power machine. This work she was able to do well, too, but was not particularly interested in it. As she had had commercial training in high school she requested an opportunity to try the work in the office. This opportunity was given her, and she found that this was the type of work she wanted to do. Under supervision she was able to improve the commerical training she had been given in high school. At present she is doing clerical work in a department store where she is earning enough money to be selfsupporting.

5. A. C., was a man in his early 40's who had had a cerebral hemorrhage which left him with a paralyzed side. In addition to this, he found it difficult to use his hands. He was referred for occupational therapy and the possibility of learning a trade. Before the illness, A? C?, had been an insurance man earning $60.00 weekly and was adequately supporting his wife and two children. At the agency he was put in the sheltered group and given work which would help him regain the us of his hands. When he had regained some of his former selfconfidence and was better able to use his hands, he was given time off to look for work. He took a civil service examination which he passed and was given work in the post office. At present he is on a full time employment basis and is once again able to support his family.

6. M. G., was referred because she had had rheumatic fever which left her with some heart damage. In addition to this, she was highly neurotic. Her education was limited to the ninth grade which she completed with the assistance of a home teacher. The family was an Italian, patriarchal one, and the father's decisions and judgments were never questioned. There had been much illness in the family and all seemed more or less neurotic. The family had been aided for many years and were known as "welfare racketeers" at one agency. The girl was at first given work to do at home which was brought to her by the occupational therapist. It was then thought that the girl should be encouraged to go out more and learn to adjust to group life. She was then given an opportunity to work at the agency. She came to work fairly regularly for a short period of time accompanied by her sister. Her fears about leaving home increased and she stopped coming to the agency. Although she was given the opportunity to return, she did not

> do so. As there was nothing more that could be cone for this girl, the agency referred her for psychiatric treatment.

Education. The educational background of the fifty clients who came to the Community Workshops for assistance is varied. For the most part, the educational experience has been limited. It was limited for various reasons. To begin with, the majority of the cases in this study, come from low income groups, and because of this were often compelled to leave school to go to work in order to help support the family. Others left school when they reached the age of sixteen because they were no longer interested in pursuing an education. Still others, were unable to go as far as they would like to have done in school because of long periods of illness. Another reason for limited education was lack of adequate mental equipment. This was true in the case of M. J. who was unable to meet the standards of a regular grade. The following table gives a general picture of the educational experiences of the fifty cases.

TABLE VI.

EDUCATIONAL BACKGROUND

Schooling	Number
College Graduates	2
1 Year Training Beyond High School	4
High School Graduates	14
3 Years of High School	2
2 Years of High School	3
1 Year of High School	1
Grade School	15
Unknown	9
Total	50

The above table shows that only six of the fifty cases had training beyond high school. Only two of the six were college graduates. Fourteen of the group had been graduated from high school. Only six others had some form of high school training. Fifteen ceased their schooling while in grade school. The particular grade was not specified as it was not known in many cases. The educational background of nine is unknown. This information was not to be found in the records as it was probably not included in the referral. From this information it can be seen that this group of clients was limited in educational background.

Work History. One of the questions usually asked a client who is being interviewed for the first time is: "Have you ever worked? If so, what kind of work did you do?" Some clients, up to the onset of a handicap, had worked for many years for the same company. Others had worked for shorter periods of time and had good employment histories. Still others had drifted from one odd job to the next. A few

were so disabled that they were unable to find employment of any kind. A few said that they did not have enough training to get a regular job. The following table gives some idea of the employment status of the clients at the time of application.

TABLE VII.

EMPLOYMENT STATUS PRECEDING TRAINING

Work History	Number
Regular Employment	16
Odd Jobs	11
No Employment	16
Unable to Get Work	1
Unknown	6
Total	50

It can be seen from the above table that sixteen of the clients who applied for rehabilitation had been gainfully employed. Four of the group had done the same type of work for more than fifteen years. The remaining twelve did not have as long a work history, but for the time they had spent in consecutive employment, the work histories were good. Eleven out of fifty held odd jobs as they were able to get them before beginning their training at the agency. At the time of application sixteen of the group said that they were unemployed and had been for some time. One was unable to get work. In six of the fifty cases the employment histories are unknown. Either they were not given in the referral information or they were accidentally omitted from the records. In short, it can be seen that only sixteen of the entire group had been

regularly employed. Adding to this the number of those who held odd jobs, it would seem that twenty-seven of the whole group had had some form of employment whereas twenty-three had been out of work.

In conclusion, we meet in this chapter and see at closer range a few of the individuals and the complexity of their problems as they apply for assistance at the Community Workshops. We then see that the group as a whole is limited in its educational experiences. The work histories of these individuals are then examined, and it is found that almost one half of the group was for one reason or another unemployed when they were referred to the agency.

CHAPTER V

TRAINING ---- EMPLOYMENT STATUS FOLLOWING TRAINING --- PLACEMENT

Training. The Community Workshops offers a specific training program. Although many come to the agency requesting work, it supplies training for which the client is paid. This form of employment-training extends over a period of time until the trainee shows that he is ready for regular employment.

The prevocational group consists of those who are learning to operate the power machine. Some of the clients who work on these machines are learning to use them for the first time. These individuals are given a two week trail period the results of which determine whether or not the individual is considered as a regular trainee. The length of training before placement depends on the progress made by the individual. This particular group is usually the largest in the agency, and it is from this group that thirty of the cases used in this thesis have been selected.

Those in the sheltered group are smaller in number. Many of the clients with more serious handicaps or problems are placed in this group. No pressure is exerted and each individual works at his own rate of speed. Many work on the yarn cards. Others do simple sewing. Before the war there was some leather work but this has been eliminated due to the lack of material. Instead, many of the clients are

now knitting for the Red Cross. When a client shows possibilities of being able to do more, he is given an opportunity to learn to operate the power machine or is given training in clerical work, the choice depending on the interest and ability of the individual. For example, M. D. was first placed in the sheltered group when she came to the agency. As her condition improved and as she became better adjusted to the group she showed definite possibilities for training. First, she was given an opportunity to learn to operate the power machine. She worked on the power machine for several months and then found that she was not as interested in this form of training as she thought she would be. Hence, thinking that she should make some use of the commercial training which she had been given in high school, she asked for an opportunity to try clerical work. This opportunity was provided. The girl found that this type of work was just what she wanted. Although she had forgotten much of what she had learned in the commercial course in high school, she was given careful supervision and made good progress. At the present time she is doing clerical work in a department store.

A third form of training offered by the Community Workshops is clerical and secretarial work. This type of training is open to those with some clerical background and to those who have very little. This can be done readily as each client is given individual attention. Those who have

had some training add to this the experince offered at the agency. The experience of these clients is varied. A few who have not done secretarial or clerical work for some time use this opportunity as a refresher course. Others who have a more limited background find the training almost a course in itself.

Regardless of the group in which the individual finds himself, he is given much attention and close supervision. The exits and entrances of the groups are flexible, and an individual may go from one to the other as he shows ability to do so.

Often, an individual is found who does not seem to fit well into any one of these groups. In such a case he is given psychological tests the results of which are used in directing him to get that in which he is most interested and that which he can best do.

There is more that this agency does. Often an individual applies and when he finds that the program offered does not include what he is interested in, he is given advise and direction where he can best find what he wants. This was the case of a lame young woman. When she applied she found that the agency was unable to meet her particular need. Her chief interest was in learning to be a pastry cook. The agency, therefore, advised her where she might get more information about this subject. This, briefly, then is the program offered by the Community Workshops to a prospective applicant.

Employment Status Following Training. The Community Workshops devote themselves to training exclusively. The placement work is usualy done by the Women's Educational and Industrial Union. The clients whose training is sponsored by the Division of Rehabilitation are usually placed by that organization. The trainees are given time off to look for work, and very often find their own jobs. Occasionally an interested individual provides employment. When the agency, itself, knows of job opportunities it is quick to refer its trainees.

It was mentioned early in this study that the fifty cases under discussion were selected from two different periods of time. Twenty-five were takem from cases closed during the first six months of 1941. The other twenty-five were taken from cases closed during the first six months of 1942. The reason for this was to show the difference, if any, there was in the placement of the trainees. During the first six months of 1941 the defense boom was not yet in full swing. W.P.A. was still in existence. At the time there were not yet jobs enough to go around for those who were more employable than the trainees. During the first six months of 1942 the defense program began to get under way in earnest. Many individuals left their old jobs to work for the higher wages offered in defense plants. In this way many vacancies were created and many who had not been employed previously were now working. Opportunities for employment began to be

more abundant. There was no longer difficulty in getting work. The demand for labor had begun to rise and would continue to do so. With this in mind the author will compare the two periods insofar as placements are concerned to see how and to what degree they differ. The first table gives a picture of placement during the first six months of 1941.

TABLE VIII

EMPLOYMENT STATUS FOLLOWING TRAINING--1941

Status	Number
Placed as Result of Training	16
Training Incomplete Because of Lack of Interest	1
Refused to Take Job	1
Keeping House for Relatives	2
Applied but not Interested in Training	2
Unknown	3
Total	25

TABLE IX

EMPLOYMENT STATUS FOLLOWING TRAINING--1942

Status	Number
Placed as Result of Training	18
Training Incomplete Because of Lack of Interest	4
Discontinued Training to Look for Work	2
Referred for Help Elsewhere	1
Total	25

The tables shown above make an interesting comparison. Each table is concerned with twenty-five cases. Of the twenty-five cases that were closed during the first six months of 1941 sixteen clients were placed in employment as a result of training. In the period corresponding to it in 1942 eighteen clients were placed in employment. The increase was only two above that of the preceding period. In the first period the client discontinued training because of the lack of interest, whereas four did so in the second period. The reason for this is unknown. One might surmise, however, that because there were more job opportunities in 1942 a client could leave his training with a certain amount of confidence that he could find regular employment. In 1941, we see too, that one client refused to accept a placement that was offered. Two of the clients in this period are accounted for in that they are keeping house for relatives. C. S., a fifty-nine year old woman, had been referred to the agency so that she could occupy her mind by way of work inasmuch as she was psychoneurotic. She was placed in the sheltered group where she did a certain amount of sewing which she did fairly well and for which she was paid accordingly. She spent several months at the agency but because of personality difficulties she was unable to adjust to the group. Nor was she able to get along with members of her own family. When her son's wife died she left the agency to keep house. M. D., a twenty-two year old girl who had had a mental depression, had been

referred for work as a therapeutic measure. She spent six months at the agency during which time she was taught to operate the power machine. Her progress was fair but she found it difficult to get along with other members in the group. She discontinued training of her own accord and is now keeping house for her brothers.

During this first period, too, two applied at the agency but found that the type of training offered was not what they wanted. Three others, during the first six months of 1941, left training, and nothing was known of their employment status.

In the corresponding period of 1942 two clients discontinued their training to look for employment elsewhere. There is no information as to whether or not they were successful in finding work. One other who applied at the agency found that the training program did not include what she had in mind. She was, therefore, given assistance by being referred to the organization that would give her the help and information which she was seeking.

Finally, it can be said that two more were placed in regular employment during the first six months of 1942. In other words, out of the twenty-five cases placed in industry in each period, sixteen were placed in the first period and eighteen in the second. In both instances more than half of those who applied at the agency were in regular employment. All but two out of the twenty-five cases in the first period

received some training if interested. All but one of the twenty-five cases were given some training in the second period, and that one was given service in the form of advice and direction.

Placement. The Community Workshops does not, as a rule, place the clients it trains. Placement is usually done by the Women's Educational and Industrial Union. The clients sent for training by the Department of Rehabilitation are placed by that organization. Occasionally interested individuals place a client. The trainees often find their own jobs. The agency, itself, places individuals when it knows of job opportunities. The following two tables give a picture of this situation. As can be seen, the two tables represent the two periods under discussion in this thesis.

TABLE IX

PLACEMENTS, 1941

By Whom Made	Number
Women's Educational and Industrial Union	8
Division of Rehabilitation	5
Trainees Themselves	5
Community Workshops	2
Not Placed Because Training Discontinued	5
Total	25

TABLE X

PLACEMENTS, 1942

By Whom Made	Number
Women's Educational and Industrial Union	5
Division of Rehabilitation	3
Trainees Themselves	7
Community Workshops	5
Not Placed Because Training Discontinued	7
Total	25

The above tables show that the Women's Educational and Industrial Union placed eight in the first period and five in the second. The Division of Rehabilitation made five placements in the 1941 period and three in the 1942 period. This shows a drop in the number placed in the second period. The agency placed three in the first period as compared to five placed in the second period. All this may be explained by the fact that jobs were more abundant in the 1942 period. Seven trainees were able to find their own jobs whereas only five did so in the 1941 period. The five that were not placed in the first period discontinued their training and left the agency. As their work was satisfactory until the time they left, it is reasonable to believe that they went to look for jobs. Seven did so in the second period.

Finally, the training given by the Community Workshops has therapeutic value and is a form of vocational education whose aim is employment in regular industry. During the first six months of 1941 sixteen out of twenty-five individuals

were placed in industry, and in the corresponding period in 1942 eighteen were placed. In the 1941 period sixteen or more than two thirds were placed while five found their own work. In the corresponding period in 1942 eleven were given help in placement while seven found their own work.

CHAPTER VI.

CONCLUSION AND SUGGESTIONS

Conclusion. When the Community Workshops came into being in 1876, its aim at that early time was to give help to needy individuals in the form of work. This was a way of helping the individual to help himself. The aim was to make these people self-respecting and self-sufficient members of their communities. Today, more than sixty years later, the aim has changed little. Today, too, the equipment of the Workshops has been vastly improved and its clientel has been greatly increased.

Throughout the preceding pages, this study has tried to show how the Community Workshops helped fifty handicapped individuals. These fifty cases came from eight different sources to apply for vocational rehabilitation or some other form of help. All these individuals were handicapped in one way or another. Twenty-seven had been handicapped by illness or disease. Among these the cardiac cases formed the largest group. Eight were found to be socially handicapped in that they were unable to cope with some environmental factor. Twelve had been emotionally upset or were suffering from some personality defect which prevented them from taking their place in industry or being looked upon as normal members of a group. Three had been handicapped through accidents and so were prevented from returning to their original employment. In short, everyone of the fifty cases

came to the agency with some problem for which they needed help. The agency was prepared to help with a program which included therapeutic work, power machine training, clerical training, and with assistance in the form of advice and direction for those who found that the program did not include what they wanted.

The fifty cases did not form easy material with which to work. First, of course, was the problem of either helping clients to overcome handicaps or learning to live with them and function as normal individuals. The next factors to be taken into consideration were the limited educational background of the clients and their inadequate work experience. In the majority of the cases, they had enjoyed only a grammar school education. A smaller number attended high school, while two were college graduates. Hence, the agency had to work with individuals whose limitations varied greatly. This was also the case concerning the work histories of the clients. Only sixteen out of fifty had been regularly employed for any length of time. An equal number had no employment whatsoever when they applied for training at the agency. The remaining clients had worked intermittently at odd jobs and had no particular skill to offer. The work histories of five were unknown. From what is known, however, it can be said that more than half of the fifty cases came to the agency to acquire skill and work habits through training so that they could take their places in industry along with others. Those who had

been employed before becoming handicapped came to the agency to be retrained so that they could resume employment.

The test of the training was the placement in industry which followed. At this point two specific periods were kept in mind to see what difference, if any, the existing economic situation made on the problem of placement. Hence, placement in the first six months of 1941 and the corresponding period in 1942 were considered separately. In the first period, when this country had not yet entered the war and defense industries were just getting under way, one was not impressed with the number of vacancies in industry. During the second period when people began to leave their old jobs in exchange for defense work, the number of vacancies created was greater. Yet this situation made little appreciable difference in the placement of the two periods. Eighteen were placed in the 1942 period. In both periods the training and help given the clients made it possible for more than half to be placed in each period. In short, forty-two of the fifty individuals who were given training or help at the Community Workshops were placed in industry. Through this assistance has it become possible for these individuals to help themselves.

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Suggestions. The findings and discussion in this thesis substantiate certain conclusions at which the author has arrived. These are in the form of suggestions intended to improve somewhat the good work being done by the Community Workshops.

1. As the test of training lies in the ability to hold a job, it would seem that some sort of follow-up program might be instituted. Such a program need not last indefinitely. A specified period of time could be set, say six months to one year, to see how the trainee has adjusted to his work; whether or not his training is adequate; whether or not he is able to meet the standards of work required by the particular employer; whether or not the employer is satisfied with the trainee. Responsibility might be divided between the employer and trainee to carry this out.

2. Whereas casework services so often accompany the training program, it might be suggested that the trainee be assigned to one worker for this form of help. This would make for continuity of service. This would be helpful to the client in that he would be sharing his confidences with one person only. It would be equally helpful to the caseworker in that she would more fully get to know the client. In this way the casework services would be more substantial and effective.

Approved,

Richard K. Conant
Dean

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